



www.sbcounty.gov/dehs

County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
Water • Wastewater • Land Use
(909) 387-4666

NOTICE OF INTENT TO PERFORM PERCOLATION TESTING

**FAX TO (909) 387-4323 or
EMAIL TO: areed@dph.sbcounty.gov
AT LEAST TWO WORKING DAYS BEFORE TESTING**

Firm _____

Address _____

Contact _____

Phone _____

FAX _____ E-Mail: _____

APN(s) _____

Site Location _____ Closest Town or City: _____

Date(s) of Boring _____

Date(s) of Presoak _____

Date(s) of Testing _____

| | |
|---|--|
| <input type="checkbox"/> Single Family Residential | Lot Size _____ |
| <input type="checkbox"/> Multi Family Residential | Number of Units _____ Lot Size _____ |
| <input type="checkbox"/> Tentative Tract / Parcel Map | TT / TPM # TT: _____ TPM: _____ Original Lot Size _____ Average New Lot Size _____ Number of New Lots _____ Zoned As _____ |
| <input type="checkbox"/> Commercial / Industrial | Intended Use _____ Special Wastes _____ Estimated Flow _____ Est. Fixture Unit _____ Count _____ Lot Size _____ |